

APPLICATION FOR CERTIFIED COPY OF VITAL RECORD
ALLEGHANY COUNTY, NC

DEATH CERTIFICATE

DECEASED NAME _____ DATE OF DEATH _____

MARRIAGE LICENSE

GROOM'S NAME _____ DATE OF MARRIAGE _____

BRIDE'S NAME _____

BIRTH CERTIFICATE

NAME _____ DATE OF BIRTH _____

FATHER'S NAME _____ MOTHER'S NAME _____

COUNTY OF BIRTH _____

FEE: \$10.00

THE CERTIFIED COPY OF THE OF THE ABOVE RECORD IS BEING OBTAINED FOR MY:
(ONE OF THE FOLLOWING)

- | | |
|---------------------------------|----------------------------------|
| 1. SELF | 9. AUTHORIZED AGENT, ATTORNEY |
| 2. BROTHER | OR LEGAL REPRESENTATIVE OF THE |
| 3. SPOUSE | ABOVE NAMED |
| 4. SISTER | |
| 5. CHILD/STEP-CHILD | 10. I AM SEEKING INFORMATION FOR |
| 6. PARENT/STEP-PARENT | LEGAL DETERMINATION OF |
| 7. GRANDCHILD/STEP-GRANDCHILD | PROPERTY RIGHTS |
| 8. GRANDPARENT/STEP-GRANDPARENT | |

DATE: _____ SIGNATURE OF APPLICANT _____

PRINTED SIGNATURE SS# _____

ADDRESS _____

FEE : \$10.00
